

# AFA Death Claim Form

**THIS CLAIM FORM SHOULD ONLY BE COMPLETED FOR CLAIMS MADE IN THE EVENT OF A DEATH**

## Instructions to assist with the completion of this form

This form should be completed by one of the following persons:

- The spouse or de-facto spouse of the deceased
- The executor of the estate of the deceased
- A member of the deceased immediate family i.e. parent, son, daughter, brother or sister of the deceased, provided that person was at least 18 years old at the time of the death.
- A solicitor acting on behalf of the estate of the deceased

The information collected in this claim form is required to determine the facts relating to the death and to identify parties such as the police, coroner, witnesses or others from whom information relating to the death can be obtained. The information is used to determine whether the claim for the death is within the scope of the insurance policy under which the claim is being made.

## IMPORTANT NOTE

There are **four** sections to this claim form

All sections must be completed.

- Section one:** POLICY HOLDER DETAILS
- Section two:** DETAILS OF THE DECEASED PERSON
- Section three:** DETAILS OF THE PERSON COMPLETING THIS CLAIM FORM
- Section four:** DETAILS OF THE DEATH
- Section five:** DOCUMENTATION
- Section six:** DECLARATION AND AUTHORITY

Once the claim form has been completed, signed and dated please send it, along WITH ATTACHMENTS, to:

AFA CLAIMS DEPARTMENT		YOUR
PO Box R1852	OR TO	INSURANCE
Royal Exchange NSW 1225		BROKER

or email it to: [enquiries@afainsurance.com](mailto:enquiries@afainsurance.com)

**If you have any questions, or if you need assistance with understanding or completing this form, you can contact us on (toll-free) 1300 728 997. Please ensure that you keep copies of all documentation sent to AFA.**

## SECTION 1 Policy details

Policy No

Name of policy holder

## SECTION 2 Details of deceased person

First name

Surname

Date of birth

 /  / 

Place of birth

Full address (Note: we do not accept post office boxes as your address) Number and street

Suburb/town

State

Postcode

Occupation

Employers' details

First name

Surname

Employers full address (Note: we do not accept post office boxes as your address) Number and street

Suburb/town

State

Postcode

## SECTION 3 Details of the person completing this claim form

First name

Surname

Full address (Note: we do not accept post office boxes as your address) Number and street

Suburb/town

State

Postcode

Contact number during business hours

 (  )  

After hours number

 (  )  

Mobile number

Email address

Do you consent to receive important information about your claim via email?

No  Yes

What is your relationship to the deceased? (please tick)

- Spouse       Defacto spouse       Son or daughter       Sibling       Parent  
 Employer       Executor of the Estate       Solicitor acting on behalf of the estate  
 Other

Please nominate relationship

Do you require an interpreter?

No  Yes

Please nominate preferred language

## SECTION 4 Details of the death

1. Date of death

/   /

Time of death

:   am/pm

2. Full address where the death occurred

Number and street

Suburb/town

State

Postcode

3. Was the deceased working at the time of their death?

Yes

No

What was the deceased doing at the time of death?

4. What was the cause of the death?

5. Did police attend the scene of the death?

No

Yes

Which police station did they come from?

What is the name of the attending police officer?

What is the Event Number?

6. Were there any witnesses to the death?

No

Yes

First name of the witness

Surname of the witness

Contact number during business hours

( )

Mobile number

7. Was the death reported to the Coroner?

No

Yes

Has there been a coronial inquest?

No

Yes

Which Coroner's Office was the death reported to, or where was the inquest held?

8. Are you aware of the deceased suffering from a sickness or disease of any kind (physical or psychological) which may have contributed to the death?

No

Yes

Who was the deceased treating doctor?

Name

Address of practice

Provide details of sickness or disease

9. Did the deceased consume any alcohol in the 12 hours prior to the death?

Don't know

No

Yes

Type of alcoholic beverage

Time of first alcoholic beverage

am / pm

Number of units consumed

10. Did the deceased consume a drug or drugs in the 12 hours prior to the death?

Don't know

No

Yes

Type of drug(s)

Reason for taking the drug(s)

## SECTION 5 Documentation

1. Please attach a certified copy of the death certificate.
2. If death was reported to the Coroner, please attached a copy of the report.
3. Do you have copies of any other documentation relating to the death, such as copies of police reports, accident reports, report by workers compensation investigators or insurers, or any other such authority?

No  Yes  Please attach copies

4. Was the deceased covered by any other insurance policies at the time of death?

No  Yes  Please indicate below

Type of Insurance (e.g. Life, CTP, etc)	Name of Insurance Company	Policy/Member Number	Contact phone

## SECTION 6 Declaration and Information Authorities

I understand that AFA Pty Ltd (ABN 83 067 084 333 and AFS License No. 247122) and its appointed third party administrator, Corporate Services Network (CSN) may need to access, collect and disclose information regarding the circumstances of the death of the deceased.

In order to do so, I (insert your full name here)

of (your address)

Suburb/town

Postcode

State

I hereby agree that I have read, understood and agree to the collection, use and disclosure of my personal information by AFA Pty Ltd and / or CSN as outlined in the Privacy Notice on page 5.

In addition and without limiting the above, I authorise AFA Pty Ltd and / or CSN to collect and disclose any information about the deceased from and to any organisation or person including the following, (which includes their current and former capacities and any organisation or person that may replace them):

Medicare, any insurance or health insurance company, other insurance intermediaries, Centrelink, any hospital, physician, medical practice, medical services provider, medical therapy provider, employer, investigators, assessors and loss adjustors, other parties we may be able to claim or recover against, insurance reference bureau, financial institutions including banks, a coroner, the Australian Taxation Office, and the deceased's accountant.

in providing or obtaining information about the deceased, I understand that AFA and / or CSN will use that information in the assessment of the claim, and that if I do not provide or permit access to this information the claim may not be able to be assessed.

This consent to access, collect and disclose personal information remains valid unless I revoke or alter it by giving AFA Pty Ltd or CSN, notice in writing and I agree that a photocopy of this authority is to be accepted and shall have the effect of an original.

I solemnly and sincerely declare that the information provided in this claim form and any attachments which I have provided, is true, correct and complete in every detail. I agree that if I have made any misrepresentations, false or fraudulent statements, or have concealed information of a material nature relevant to the assessment of the claim, that subject to law, the policy may be cancelled and / or AFA Pty Ltd and / or its third party administrator, CSN, may refuse to pay a claim.

Signature

Date

 /  / 

End of form. Thank you.

## PRIVACY NOTICE

At AFA Pty Ltd (AFA) (ABN 83 067 084 333) we are committed to protecting your privacy in accordance with the *Privacy Act 1998* (Cth) and the Australian Privacy Principles (APPs).

This privacy notice details how we collect, disclose and handle your personal information as defined in the Act.

Personal information is essentially information or an opinion about an identified individual or an individual who is reasonably identifiable, whether the information or opinion is true or not and whether recorded in a material form or not.

### Why we collect your personal information

We collect your personal information (including sensitive information) so we can:

- identify you and conduct necessary checks;
- Determine what service or products we can provide to you e.g offer our insurance products;
- issue, manage and administer services and products provided to you or others, including claims investigation, handling and settlement;
- improve our services and products e.g training and development of our representatives, product and service research and data analysis and business strategy development.
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### What happens if you don't give us your personal information?

If you choose not to provide us with the information we have requested, we may not be able to provide you with our services or products or properly manage and administer services and products provided to you or others.

### How we collect your personal information

Collection can take place through websites (from data you input directly or through cookies and other web analytic tools), email, by telephone or in writing.

We collect it directly from you unless you have consented to collection from someone other than you, it is unreasonable or impracticable for us to do so or the law permits us to.

If you provide us with personal information about another person you must only do so with their consent and agree to make them aware of this privacy notice.

### Who we disclose your personal information to

We share your personal information with third parties for the collection purposes noted above.

The third parties include: our related companies and our representatives who provide services for us, our agents or contractors, our insurers, other insurers and reinsurers, your agents, premium funders, other insurance intermediaries, underwriting agents, Lloyd's Regulatory Division, our legal, accounting and other professional advisers, data warehouses and consultants, providers of medical and non-medical assistance and services, translators, investigators, loss assessors and adjusters, credit agencies, credit card providers and other parties we may be able to claim or recover against, your employer (if a corporate policy), anyone either of us appoint to review and handle complaints or disputes, other companies in the event of a corporate sale, merger, re-organisation, dissolution or similar event and our alliance and other business partners and any other parties where permitted or required by law.

We may need to disclose information to persons located overseas. Who they are may change from time to time. You can contact us for details or refer to our Privacy Policy available at our website [afainsurance.com](http://afainsurance.com).

In some cases we may not be able to take reasonable steps to ensure they do not breach the Privacy Act and they may not be subject to the same level of protection or obligations that are offered by the Act. By proceeding to acquire our services and products you agree that you cannot seek redress under the Act or against us (to the extent permitted by law) and may not be able to seek redress overseas.

### More information, access, correction or complaints

For more information about our Privacy practices including how we collect, use or disclose information, how to access or seek correction to your information or how to complain in relation to a breach of the Australian Privacy Principles and how such a complaint will be handled, please refer to our Privacy Policy. It is available at our website [afainsurance.com](http://afainsurance.com) or by contacting us or our Privacy Officer at AFA, PO Box R1852 Royal Exchange NSW 1225 or by email to [privacy@afainsurance.com](mailto:privacy@afainsurance.com), or by telephone on 1300 728 997.

### Your Choices

You consent to this use and these disclosures unless you tell us otherwise. If you wish to withdraw your consent, including for things such as receiving information on products and offers by us or persons we have an association with, please contact us.

### Contact us

By phone: 1300 728 997

By email: [privacy@afainsurance.com](mailto:privacy@afainsurance.com)

In writing: PO Box R1852, Royal Exchange NSW 1225

